



**Office of the Speaker  
U.S. House of Representatives  
H-419C, The Capitol  
Washington, D.C. 20515**

**2005/2006 APPLICATION FOR REPUBLICAN PAGE APPOINTMENT  
PART 1**

**Refer to instructions on Cover Page. Please type or print clearly.**

**Name:** \_\_\_\_\_  
(Last) (First) ("Preferred") (Middle)

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Mailing Address (if other than home):** \_\_\_\_\_  
\_\_\_\_\_

**Name of Parent of Legal Guardian:** \_\_\_\_\_  
(Last) (First) (Middle)

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Your Member of Congress:** \_\_\_\_\_

**Member Appointing You:** \_\_\_\_\_

**Grade You Are Entering for 2006/2007 School Year:** \_\_\_\_\_

**Date of Availability:**      **Fall: Sept. 4-Jan. 27** \_\_\_\_\_ **Spring: Jan. 29-June 9** \_\_\_\_\_

**Maximum Period of Availability:** \_\_\_\_\_  
\_\_\_\_\_

**Are you related to a current Member of Congress?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If so, please list:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_



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**2005/2006 APPLICATION FOR REPUBLICAN PAGE APPOINTMENT  
PART 2**

**DECLARATION OF PARENTAL CONSENT**

We, \_\_\_\_\_ and \_\_\_\_\_,  
are the parents (or legal guardians) of, and give our consent for, \_\_\_\_\_  
to apply for an appointment to serve as a Republican Page in the U.S. House of Representatives,  
beginning on \_\_\_\_\_, 20 \_\_\_\_.

We agree to provide, supervise and pay for his/her travel to and from the U.S. Capitol Building. We accept full responsibility for his/her supervision at his/her place of residence in the District of Columbia, and for his/her physical safety and well-being while the individual is employed as a Page in the U.S. House of Representatives.

\_\_\_\_\_  
Mother or Guardian's Signature

\_\_\_\_\_  
Father or Guardian's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**Telephone Numbers**

**Home:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**United States House of Representatives**  
**Page Program**  
**SCHOOL REPORT**

**APPLICANT** (After filling out the identifying information below, give this form to your school advisor/principal/or counselor)

NAME Last First Middle Jr. (etc.)

ADDRESS Street City State Zip Code

TELEPHONE (include area code) FAX

DATE OF BIRTH SOC. SECURITY #

**ADVISOR'S/PRINCIPAL'S/COUNSELOR'S REPORT:**

NAME OF PERSON PREPARING REPORT POSITION

SCHOOL NAME

SCHOOL ADDRESS

SCHOOL TELEPHONE SCHOOL FAX

**SCHOOL CEEB/ACT/SAT CODE**

**Please complete the following regarding the applicant:**

- Of this applicants graduating class, \_\_\_\_% plan to attend a four-year college. This applicant ranks \_\_\_\_ in a class of \_\_\_\_ students.
- Attach an official 9<sup>th</sup> and 10<sup>th</sup> grade transcript. The applicant's Grade Point Average (GPA) cannot be determined without a complete record. Include a key to the transcript to aid computation. If available, attach a school profile.
- Please list coursework taken freshman and sophomore years. Data and letter grades must be transferred from student's transcript.

FRESHMAN YEAR	SUBJECT	SEMESTER 1 GRADES	SEMESTER 2 GRADES
English			
Mathematics			
Science			
Social Studies			
Foreign Language			
SOPHOMORE YEAR	SUBJECT	SEMESTER 1 GRADES	SEMESTER 2 GRADES
English			
Mathematics			
Science			
Social Studies			
Foreign Language			

**Please list the coursework planned for this applicant's Junior year at his or her "home" high school:**

	Semester 1	Semester 2
English		
Mathematics		
Science		
Social Studies		
Foreign Language		
Other		

- To be scholastically eligible for the school-year Page Program, a student must be at least 16 years of age by the first day the appointment begins, must be a Junior, AND, must have a cumulative 3.0 or 85% GPA in the five major subjects. Please indicate if the applicant meets these requirements. \_\_\_\_ YES \_\_\_\_ NO
- The Page School enrollment never exceeds sixty-six students and therefore has a limited curriculum that may not parallel the student's home school curriculum. Please indicate that the applicant and home school are aware of these limitations. \_\_\_\_ YES
- **EVALUATION:** It is essential to the applicant's eligibility that you record what you think best describes his or her academic and personal characteristics. We are particularly interested in the applicant's intellectual ability, personal integrity; adaptability, cooperativeness, relative maturity, and physical stamina. We welcome information that will help differentiate this applicant from others,

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**SIGNATURE**

**DATE**

Thank you for your cooperation. Please seal, and return completed form (with transcript) to applicant for inclusion with application.